

EARNINGS STATEMENT (USAF NONAPPROPRIATED FUND WORKERS COMPENSATION PROGRAM)
(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974 - SEE REVERSE)

This form is to be completed by all NAFI intermittent and part-time employees sustaining a job-related or alleged job-related injury which involves more than three calendar days of disability. Earnings received from all employers for the 13 weeks preceding the date of the on-the-job injury must be reported on this form in order for the employee's average weekly wage to be determined.

EMPLOYER'S NAME	ADDRESS	PERIOD WORKED	AMOUNT OF EARNINGS
1.			
2.			
3.			
4.			
5.			
6.			
7.			

THE INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE

CASE NUMBER	EMPLOYEE'S NAME (Print or type)
DATE	EMPLOYEE'S SIGNATURE